

<b>Case Number:</b>	CM14-0166903		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker has a date of injury 8/30/10. Diagnoses include late effects of left ankle and foot fractures and right hip fracture status post right hip replacement. Physical examination reveals right trochanteric tenderness, left ankle deformity and tenderness with reduced range of motion. There is also decreased sensation in the L5 and S1 left nerve root distribution. Motor and reflexes are normal. Patient is being treated with Norco 5/325 , amitriptyline 25 mg and Voltaren gel. On 5/13/14 requests were made for Norco 5/325 #90, and Lidoderm No. 60 with 3 refills for left ankle and foot pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm patches #60, refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

**Decision rationale:** The injured worker is being treated for chronic left ankle and right hip pain. He has undergone procedures to the left ankle and right hip in the past. Physical examination provides evidence of tenderness at the ankle and right hip. Patient was started on hydrocodone 5

mg. Provided documentation fails to demonstrate evidence of satisfactory treatment response such as documentation of decreased pain levels and increased level of function. Therefore the request as written for Norco 325 #90 is not medically necessary.

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine  
Page(s): 112.

**Decision rationale:** The injured worker is being treated for chronic left ankle and right hip pain. He has undergone procedures to the left ankle and right hip in the past. Physical examination provides evidence of tenderness at the ankle and hip. Neither neurologic exam or subjective complaints adequately demonstrate evidence of peripheral nerve injury. The patient has been started on amitriptyline 25 mg. MTUS guidelines recommends Lidoderm for localized peripheral neuropathic pain after there has been evidence of a trial of first line therapy such as a tricyclic antidepressant. The injured worker has not undergone adequate trial of first line therapy nor is there adequate documented evidence of neuropathic pain. Therefore request for Lidoderm #60 is not medically necessary.